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Department of the Treasury

Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

CLERK AT SEATTLE
BY WESTERN U.S. DISTRICT COURT
DEPUTY

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR06-0466TSZ	
DEFENDANT DAVID R. MENDOZA		TYPE OF PROCESS FINAL ORDER OF FORFEITURE -SEIZE REAL PROPERTY	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE 1135 Tacoma Ave. S., Tacoma Washington ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW UNITED STATES ATTORNEY'S OFFICE RICHARD E. COHEN, AUSA 700 STEWART STREET, SUITE 5220 SEATTLE, WASHINGTON 98101-1271		NUMBER OF PROCESS TO BE SERVED IN THIS CASE	
		NUMBER OF PARTIES TO BE SERVED IN THIS CASE	
		CHECK BOX IF SERVICE IS ON USA	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service)			
Pursuant to the attached Final Order of Forfeiture, please take custody of the real property located at 1135 Tacoma Ave. S. Tacoma, Washington. Thank you.			
Signature of Attorney or other Originator requesting service on behalf of <i>[Signature]</i> Richard E. Cohen, Assistant U.S. Attorney		PLAINTIFF <input checked="" type="checkbox"/> JPB DEFENDANT	TELEPHONE NO. 206/ 553-2242
DATE 4/25/11			
SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS			
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the total number of process indicated	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER <i>Megan Pollock</i> SA HSI
DATE 5/4/11			
I HEREBY CERTIFY AND RETURN THAT I PERSONALLY SERVED, HAVE LEGAL EVIDENCE OF SERVICE, HAVE EXECUTED AS SHOWN IN "REMARKS", THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW			
I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC NAMED ABOVE.			
NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE:		A person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above)		DATE OF SERVICE 5/4/11	TIME OF SERVICE 12:00 PM
		SIGNATURE, TITLE AND TREASURY AGENCY <i>Megan Pollock</i> SA HSI	
REMARKS:			
 			